PTO/SB/21 (09-04)
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Application Number
10/672 QQ

TRANSMITTAL **FORM**

Filing Date 9/26/2003 First Named Inventor Tushad P. Driver Art Unit **Examiner Name** David H. Chu

(to be used for all correspondence after initial filing) Attorney Docket Number 132258 (5024-00072) Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)										
A	Fee Attached			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard			
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Rem	arks	dscape Table on		DR AG	ENT		
Andrus, Sceales, Starke & Sawall, LLP										
Signature Utter 1				te	<u> </u>					
Printed name Peter T. Holsen										
Date 01		01/08	08/2007				Reg. No.	54,180		
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature Onrbara a. Ohrson										
Typed or printed name Barbara		Barbara A.	/					Date	01/08/2007	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

THE TRAIN ork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/672,938 TRANSM Filing Date 09/26/2003 For FY 2006 First Named Inventor Tushad P. Driver **Examiner Name** David H. Chu Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2628 TOTAL AMOUNT OF PAYMENT \$0.00 132281T (5024-00072) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50.2401 Deposit Account Name: GE Medical Systems - IT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80

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2. EXCESS CLAIM FE Fee Description	ES					Fee (\$)	Small Entity Fee (\$)		
Each claim over 20	(including		50	25					
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent	claims					360	180		
Total Claims	Extra Cla	<u>ims</u> Fee	(\$) <u>Fee P</u>	aid (\$)		Multiple De	pendent Claims		
20 =		×	=	\$0.00		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.									
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3 =		x	=	\$0.00					
HP = highest number of independent claims paid for, if greater than 3.									
. APPLICATION SIZE FEE									

250

600

300

Date 01/08/2007

500

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Reissue

Name (Print/Type)

Peter T. Holsen

Provisional

300

200

150

100

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/672,938)	CERTIFICATE OF MAILIN	I G
Applicant	:	Tushad P. Driver)	I hereby certify that this correspond	ence is
Filed	:	9/26/2003)	being deposited with the United Sta	tes
Title	:	Methods and Apparatus)	Postal Service with sufficient postag	ge as
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		on Mixed Monitor	•	Commissioner of Patents, P.O. Box	
		Displays	-	Alexandria, VA 22313-1450, on th	•
TC/A.U.	:	2628)	day of January, 2007.	
Examiner	:	David H. Chu)	$\alpha \rightarrow \alpha $	
)	Butara U. Johnson	1-8-01
Docket No.	. :	132258 (5024-00072)		Barbara A. Johnson	Date

AMENDMENT

Mail Stop: AMENDMENT Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This paper responds to the Office Action mailed November 15, 2006. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.